

## NOTICE OF INDEPENDENT REVIEW DECISION

May 29, 2003

MDR Tracking #: M2-03-1002-01  
IRO Certificate #: IRO4326

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a \_\_\_ physician reviewer who is board certified in psychiatry which is the same specialty as the treating physician. The \_\_\_ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

This patient suffered an injury on \_\_\_ while putting up fixtures and placing merchandise on them. She reported a pop in her neck followed by intense pain shortly thereafter. The patient initially saw a chiropractor for treatment and physical therapy. An MRI performed on 01/09/01 revealed a right posterolateral disc herniation at C5-6 with compression and impingement of the neural foramen. This patient did not desire surgery and continued with conservative measures for a length of time. She now has continuous pain and is exhibiting symptoms of depression due to her chronic condition.

### Requested Service(s)

Chronic pain management services

### Decision

It is determined that the proposed chronic pain management services are medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

It is medically necessary for this patient to receive a multi-disciplinary pain program to treat her chronic pain syndrome. A multi-disciplinary pain program would represent a more intensive and comprehensive treatment approach than what this patient has received. It also represents a conservative approach in hopes of preventing surgery, as that is not a present option due to the patient's fear of surgery. There is significant indication of depressive symptoms. The pain program would include psychiatric/psychological treatment to address the depression and behavioral aspects of chronic pain. Therefore, the proposed chronic pain management services are medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

## YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,